

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

LLEWELLYN ANGELO WILLIAMS

22 CLINTON STREET

NEW ROCHELLE NEW YORK 10801

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

THE CITY OF NEW ROCHELLE

THE CITY OF NEW ROCHELLE POLICE DEPARTMENT, et al.

SERGEANT DANIEL CONCA

SERGEANT JOHN INZEO

SERGEANT WILSON

POLICE OFFICER ADAM CASTAGNA

POLICE OFFICER EDWARD SILLER

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

3rd
Amended
COMPLAINT

13CV-03315 (NSR)

Jury Trial: ☐ Yes ☒ No
(check one)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Llewellyn Angelo Williams
Street Address 22 Clinton Avenue
County, City Westchester County New Rochelle
State & Zip Code New York 10801
Telephone Number 914-563-6799

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name The City of New Rochelle and The City of New York Police Department
Street Address 515 North Avenue

County, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300Defendant No. 2 Name Sergeant Daniel ConcaStreet Address 515 North AvenueCounty, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300Defendant No. 3 Name Sergeant John InzeoStreet Address 515 North AvenueCounty, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300Defendant No. 4 Name Sergeant WilsonStreet Address 515 North AvenueCounty, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (*check all that apply*)☒ Federal Questions☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Federal Civil Rights Violations; Racial Discrimination; Violations of Rights Guaranteed Under the Ninth and Fourteenth Amendments of the United States Constitution; Unfair Trade Practices.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? The City of New Rochelle, County of Westchester, State of New York

B. What date and approximate time did the events giving rise to your claim(s) occur? December, 2011 to present- various times.

C. Facts: I respectfully submit that as a result of the conduct of the above-named members of The Rochelle Police Department towards me, my constitutional rights under the U.S. Constitution and my civil rights as an American citizen have been violated. I am an African-American small business owner who has been repeatedly intimidated and harassed by members of The New Rochelle police Department, and I have been restrained and have been prevented from being a productive member of the business community. I submit that The New Rochelle Police Department has violated my Ninth and Fourteenth Amendment Rights. As a result of that conduct, and through no fault of my own, I have become a disenfranchised member of the business dynamic. A competitor in my line of work, who has been awarded a contract with The City of New Rochelle, is entitled to be paid \$110.00 for 'booting' on municipally owned property, and in addition they get 26.00 for placing and I have not receive the same in return. More over the 11th Amendment to U.S. stipulate govermental tort liability which assumes this is an example of an economic tort. sticker on that same vehicle, whereas I am entitled to \$45.00 for 'booting' an illegally parked vehicle, and I am not entitled to any payment for placing a sticker on an illegally parked vehicle. Also, the awarding of contracts by The City of New Rochelle was not advertised, and despite having worked there for several years, I was never made aware of the time and place of the awarding of city contracts. Furthermore, The City of New Rochelle has recently enacted new laws (specifically Municipal Code 316) which severely curtail my ability to continue to work at my profession, and which laws, I submit, were specifically directed at me and are intended to put me out of business. Members of The New Rochelle Police Department have threatened me with arrest in situations where I have legally 'booted' vehicles, and I have been intimidated into removing 'boots', and derogatory statements

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

Addendum

Defendant No. 5 Police Officer Adam Castagna
515 North Avenue
Westchester County New Rochelle
New York 10801
914-654-2300

Defendant No. 6 Police Officer Edward Siller
515 North Avenue
Westchester County New Rochelle
New York 10801
914-654-2300

III. (C) Statement of Claim (continued)

have been directed towards me. The City of New Rochelle has never awarded a competitive business contract to a black owned towing company that is operated by a african-american owner. The police department has continued to show favoritism towards the Safeway Towing Company, by expressing signage and or postings, the police has ask me to move signs where I just replace Safeway Signs in the exact location and had been there for years, these points create an example of favoritism. Therefore this claim an example of a monopoly on competition and clearly violates my voluntary restraints on trade and an example of unfair trade practices.

fees paid to Safeway Towing for the same work that I have been doing are much higher than the fees that my company is paid. There are currently only two companies that are permitted to tow vehicles to private lots. Those companies are required to have an insurance policy of at least two million dollars in order to tow a vehicle. I have paid more than one hundred thousand dollars in order to have a policy that allows me to 'boot' vehicles, and had previously hired outside companies to tow vehicles from the lots where I worked. Under the new laws, those companies can no longer tow vehicles in New Rochelle, and I am therefore prevented from conducting my business. I submit that the adoption of the new law is retaliatory conduct against me and my company Avalon Towing as I result of a prior lawsuit lawsuit I brought against The City of New Rochelle involving police brutality and intimidation.

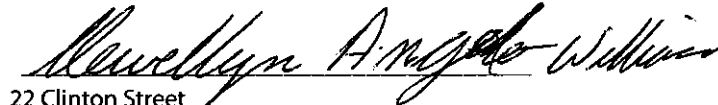
V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I am seeking compensation due to the continued harassment against me and my company Avalon Towing by The New Rochelle Police Department and the members named above, resulting in my inability to work at my business. The conduct of the New Rochelle Police Department and the above-named members has caused me to lose business contacts, because the New Rochelle Police Department has convinced business and property owners in the City of New Rochelle to cease doing business with me and my company, Avalon Towing. I have always been engaged in lawful business practices and I submit that I have been and continue to be the victim of racial discrimination and unfair business practices. My reputation in the business community has been irreparably damaged, as has my ability to earn a living. I am seeking relief in the amount of twenty million dollars (\$20,000,000.00).

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of October, 2013.

Signature of Plaintiff



Mailing Address

22 Clinton Street

New Rochelle New York 10801

Telephone Number

914-563-6799

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number